

| Allowed | | Restricted | | Allowed | |
|---------|----------|------------|----------|---------|----------|
| Claim | Date | Claim | Date | Claim | Date |
| Final | Original | Final | Original | Final | Original |
| 1 | | 51 | | 101 | |
| 2 | | 52 | | 102 | |
| 3 | | 53 | | 103 | |
| 4 | | 54 | | 104 | |
| 5 | | 55 | | 105 | |
| 6 | | 56 | | 106 | |
| 7 | | 57 | | 107 | |
| 8 | | 58 | | 108 | |
| 9 | | 59 | | 109 | |
| 10 | | 60 | | 110 | |
| 11 | | 61 | | 111 | |
| 12 | | 62 | | 112 | |
| 13 | | 63 | | 113 | |
| 14 | | 64 | | 114 | |
| 15 | | 65 | | 115 | |
| 16 | | 66 | | 116 | |
| 17 | | 67 | | 117 | |
| 18 | | 68 | | 118 | |
| 19 | | 69 | | 119 | |
| 20 | | 70 | | 120 | |
| 21 | | 71 | | 121 | |
| 22 | | 72 | | 122 | |
| 23 | | 73 | | 123 | |
| 24 | | 74 | | 124 | |
| 25 | | 75 | | 125 | |
| 26 | | 76 | | 126 | |
| 27 | | 77 | | 127 | |
| 28 | | 78 | | 128 | |
| 29 | | 79 | | 129 | |
| 30 | | 80 | | 130 | |
| 31 | | 81 | | 131 | |
| 32 | | 82 | | 132 | |
| 33 | | 83 | | 133 | |
| 34 | | 84 | | 134 | |
| 35 | | 85 | | 135 | |
| 36 | | 86 | | 136 | |
| 37 | | 87 | | 137 | |
| 38 | | 88 | | 138 | |
| 39 | | 89 | | 139 | |
| 40 | | 90 | | 140 | |
| 41 | | 91 | | 141 | |
| 42 | | 92 | | 142 | |
| 43 | | 93 | | 143 | |
| 44 | | 94 | | 144 | |
| 45 | | 95 | | 145 | |
| 46 | | 96 | | 146 | |
| 47 | | 97 | | 147 | |
| 48 | | 98 | | 148 | |
| 49 | | 99 | | 149 | |
| 50 | | 100 | | 150 | |

If more than 150 claims or 9 actions staple additional sheet here